MARYLAND HEALTH CARE COMMISSION

UPDATE OF ACTIVITIES

November 2002

DATA SYSTEMS & ANALYSIS

Data Base and Software Development

Medical Care Data Base

The Commission's data base contractor has completed initial edits on the professional services component of the Medical Care Data Base. Data quality on this component continues to improve. The standardization of claim content that is required under HIPAA has produced some improvement in the data collection process. For the 2001 submission, fewer payers are using local coding schemes, because local codes will be eliminated under HIPAA effective October, 2004. The staff has also found that coding of other standard data elements has improved as payers align their systems with HIPAA requirements. As we move toward full implementation of HIPAA in 2003, we expect to reduce data collection because the federal requirements will reduce the post collection review and cross-walking activities.

Maryland Long-Term Care Survey

The deadline for completion of the Maryland Long-Term Care Survey is December 19th. The industry has generally responded favorably to the survey. As of November 19th, 54 percent of facilities were working on or had submitted their survey to MHCC. Facilities have reported experiencing fewer problems this year when compared to last year's survey. Calls and e-mail requests for assistance are significantly down from last year's survey. Table 1 below summarizes survey status as of November 19, 2002.

TABLE 1
2001 LONG TERM CARE SURVEY TRACKING
11/19/2002

Start Date	10/19/2002
Days Left	29
Ending Date	12/18/2002

Tracking	All	Comp	Assisted	Comp/Assist	Adult	Extended	Subacute	Chronic
Not Started	315 44 %	49 24 %	205 60 %	6 32 %	46 38 %	1 33 %	7 32 %	1 17 %
In Progress	269 37 %	108 52 %	93 27 %	12 63 %	38 31 %	2 67 %	12 55 %	4 67 %
Completed and Under Review	24 3 %	14 7 %	6 2 %	0 0 %	3 2 %	0 0 %	1 5 %	0 0 %
Rejected and Being Corrected	18 3 %	6 3 %	7 2 %	1 5 %	4 3 %	0 0 %	0 0 %	0 0 %
Corrected and Under Review	9 1 %	5 % 2	0 0 %	0 0 %	3 2 %	0 0 %	1 5 %	0 0 %

Completed and Accepted	84 12 %	26 12 %	28 8 %	0 0 %	28 23 %	0 0 %	1 5 %	1 17 %
Total Surveyed	719	208	339	19	122	3	22	6
Exempted	2	0	2	0	0	0	0	0
Total LTC Facilities	721	208	341	19	122	3	22	6

Board of Pharmacy Web-Based License Renewal Application
The staff is developing a Web-based Pharmacy license renewal application. This application will enable pharmacies to renewal their state license via the Internet. This application is similar to the physician license renewal application developed by MHCC this summer. The Board of Pharmacy (BOP) hopes to launch the application in December. MHCC has also agreed to assist the BOP with its pharmacist renewal application.

Cost and Quality Analysis

State Health Care Expenditures
Staff will release the 2001 State Health Care Expenditures Report in January. Preliminary estimates on the project show a sizeable jump in the rate of growth for health care spending in comparison to historical Maryland increases and with respect to recent national increases. The 2001 increase will be above the 8.5 reported by MHCC for 2000. The 2001 estimates will show sizeable increases in all health care service categories and all major payer categories will experience significant spending increases in excess of 8 percent.

The staff will revise the report format for the 2001 expenditure analysis. The report will contain an executive summary highlighting the major spending trends followed by a more detailed analysis of spending by service categories, major payer groups, and for the regions of the state. An appendix will contain detailed tables on 2001 spending. The staff intends to release two spotlight reports based on findings from the SHEA analysis during the legislative session. The first spotlight will discuss trends in administrative spending by major payer categories. A second spotlight will examine trends in state expenditures from 1992 through 2001.

Practitioner Expenditure and Utilization Report
The staff is planning for the practitioner report set for release in March. Dr. Chris Hogan will again assist the Commission. This year's practitioner report will examine total spending, quantity of care, and price per service, for Maryland private payers in 2001 and will look at trends in these quantities from 2000 to 2001. The Maryland market shows considerable variability in reimbursement levels among private payers in the state. Staff is examining data to determine whether the information will support some payer-specific reporting.

HRSA Grant Activities
MHCC awarded a bid board contract to the Urban Institute to benchmark the Maryland Health Insurance Coverage Survey to other Maryland specific surveys, such as the Current Population Survey and the Behavioral Risk Factor Survey. Urban Institute staff, led by Steve Zuckerman, will assist MHCC in designing and interpreting studies to determine:

- How MHICS findings differ from those of other surveys;
- Which variables are measured most credibly in the MHICS and the comparison surveys.

Additionally, the Urban Institute will assist MHCC staff in their design and interpretation of regression analyses targeted at:

- Determining the relative importance of various influences in explaining health insurance coverage for different subpopulations within the state;
- Identifying "actionable" barriers to coverage for different subpopulations; and
- Estimating the potential impact of incremental changes in "actionable" factors on uninsured rates.

During October, MHCC staff participated in organizing and running the first HRSA Workgroup meeting. The Workgroup consists of members representing Maryland employers, health care providers, advocates, insurers and health plans, policymakers and researchers, including MHCC Commissioners Lynn Etheredge and Ernest Crofoot. The role of the workgroup is to:

- Ensure that analytic efforts support the development of economically and politically viable options;
- Assist in defining coverage options; and
- Prioritize options to be evaluated.

The Workgroup will meet three more times over the course of the HRSA grant. In addition to hearing about planned grant activities, the Workgroup members were given extensive briefing materials including a copy of MHCC's *Health Insurance Coverage Through 2000* chart book, along with a PowerPoint summary of key findings from the report.

EDI Programs and Payer Compliance

Electronic Health Network Accreditation
The staff reviewed clearinghouse requirements with Kaiser Permanente of the Mid-Atlantic. Kaiser informed MHCC that it is planning to construct an internal clearinghouse operation and wants to be certain its structure will MHCC certification requirements.

HIPAA Privacy and Security Guides Released
The EDI/HIPAA Workgroup has completed the revisions to *"A Guide to Privacy Readiness"* and the *"Security Readiness Assessment Guide."* The new privacy guide reflects the changes published in the Federal government's August 14, 2002 privacy regulation revisions.

The staff is currently evaluating whether to team with the North Carolina Health Care Information and Communication Alliance (NCHICA) on co-branding a second version of the EarlyView-Privacy tool. The North Carolina group has offered to sell Maryland licensed providers the new version of the automated tool for $50 per copy. It is available for $300 nationally. The Maryland price, although significantly discounted from the national price, represents a steep increase over the $10 price for the original product. Over 700 Maryland providers purchased the original product. We do not believe the product will generate significant interest at $50 a copy.

HIPAA Awareness
During October and early November, staff continued to provide support to organizations on HIPAA compliance. Staff completed a variety of activities, including presenting at HIPAA awareness meetings, consulting on HIPAA compliance tools, and assisting organizations in developing HIPAA programs. Over the past several months, MHCC has detected increased

anxiety among many different provider groups regarding the HIPAA privacy requirements. Staff expects that our awareness support will increase in the months leading up to the April 2003 deadline for HIPAA compliance. Among the options we are considering is hosting additional HIPAA awareness sessions. MHCC receives 20 calls per week requesting HIPAA presentations. Listed below are organizations that received assistance from MHCC in the past month.

- Maryland Ambulatory Surgical Association
- Healthcare Executive Association
- Maryland University Physicians
- Montgomery County Medical Association
- Southern Maryland Hospital
- Southern Maryland Dental Association
- Regional meetings of EPIC-Pharmacy
- Maryland Hospital Association
- Carroll County Hospital
- Maryland Dental Board
- Maryland Chiropractic Association

PERFORMANCE & BENEFITS

Benefits and Analysis

Comprehensive Standard Health Benefit Plan (CSHBP)
At the September meeting, Commission staff presented the analysis and staff recommendations on the proposed benefit changes to the CSHBP, as suggested by the General Assembly and various stakeholders. A public hearing on the proposed benefit changes was held on October 9, 2002, where testimony was presented by the Maryland Chamber of Commerce and various brokers on modifying the prescription drug benefit and other cost sharing issues in the CSHBP. At the October meeting, the Commission voted on each proposal. At the November meeting, Commission staff will present the proposed regulations to implement those changes to the CSHBP for Commission approval.

Commission staff has developed a website to be used as a guide for small business owners in their search for health insurance for their employees. This "Guide to Purchasing Health Insurance for Small Employers" is available on the Commission's website at www.mhcc.state.md.us/smgrpmkt/index.htm.

MIA has issued regulations that alter the self-employed open enrollment periods in the small group market from twice per year to once per year (each December, beginning in 2002).

Evaluation of Mandated Health Insurance Services
At the December 2001 meeting, the Commission approved the mandated benefits report prepared by Mercer for public release. The final report was sent to the General Assembly in January 2002. It is available on the Commission's website at: http://www.mhcc.state.md.us/cshbp/mandates/finalmercerreport.pdf. Printed copies are available from Commission staff.

Legislators were allowed until July 1, 2002 to request an evaluation of mandated health insurance services as to their fiscal, medical and social impact. Mercer has prepared an analysis of these

issues, along with all proposed mandates that failed during the 2002 General Assembly session. Mercer's report will be presented at November's meeting for release for public comment with Commission approval being required at the December meeting. Upon approval, the final report will be sent to the General Assembly in January 2003.

Substantial Available and Affordable Coverage (SAAC)/High-Risk Pool
The General Assembly enacted and the Governor signed HB 1228 (this year) under which the SAAC program and the Short-Term Prescription Drug Subsidy Program will be replaced with the Maryland Health Insurance Plan Fund and Senior Prescription Drug Program. Both will be administered by the newly created Maryland Health Insurance Plan (MHIP), an independent agency within the Maryland Insurance Administration (MIA). The Executive Director of the MHCC is a member of the Board. The MHIP Fund is financed through a proportionate assessment on hospital net patient revenue that would equal the CY 2002 SAAC funding. The new program is required to be operational on July 1, 2003, and hospitals must begin paying the assessment as of April 1, 2003 in order to fund the start-up. The MHIP Board is responsible for running the programs. Carriers must report to the MIA the number of applications for medically underwritten individual policies that they have declined. The Senior Prescription Drug Program is funded through enrollee premiums and a subsidy by a nonprofit health service plan (CareFirst) not to exceed its premium tax exemption. The MHCC is no longer responsible for developing the benefit plan. The legislation requires CareFirst (Maryland and D.C.) to have the last SAAC open enrollment in December 2002.

Legislative and Special Projects

Nursing Home Report Card
Chapter 382 (SB 740) of 1999 requires the Commission, in consultation with the Department of Health and Mental Hygiene and the Department of Aging, to develop a system to comparatively evaluate the quality of care and performance of nursing facilities. The web-based Nursing Home Performance Evaluation Guide is available through the Commission's website. The Guide includes a Deficiency Information page, data from the Minimum Data Set (MDS) and the MHCC Long Term Survey, as well as an advanced search capability, allowing consumers to search by facility characteristics and certain services.

As part of the mandate, the Commission is required to explore the feasibility of collecting patient and/or family satisfaction data similar to what is collected in the Commission's HMO report card. Commission staff is currently reviewing resident and family satisfaction instruments used by various states and national organizations. A survey designed to collect information on satisfaction instruments will be distributed to Maryland nursing facilities early next year.

The national rollout of the CMS Nursing Home Quality Initiative took place on November 12, 2002. Seven of the 10 quality measures reported on the Centers for Medicare and Medicaid Services (CMS) website will be featured on the Maryland Guide in the same format as the current Quality Indicators are, utilizing the symbols that separate the top 20%, bottom 10% and all others. CMS is reporting two new measures and one revised measure that are risk-adjusted using a Facility Adjustment Profile (FAP). Two of these measures are currently featured on the Guide without the FAP (Prevalence of Stage 1-4 pressure ulcers for chronic care and Failure to improve/manage delirium for post acute care). The Nursing Home Report Card Steering Committee unanimously agreed to not feature those measures with the FAP.

The Commission participated in the CMS pilot program with five other states from April through early November 2002. The pilot quality measure "weight loss" failed validity testing and is being dropped from the national rollout.

Hospital/Ambulatory Surgical Facility Report Card
Chapter 657 (HB 705) of 1999 requires the Commission to develop similar performance reports on hospitals and ambulatory surgical facilities (ASFs). The required progress report has been forwarded to the General Assembly. The Commission has contracted with the Delmarva Foundation, in partnership with Abt Associates, to: (1) analyze hospital data to develop appropriate indicators for inclusion in the Hospital Performance Evaluation Guide, and (2) design and execute a consumer-oriented website for the Guide. The initial version of the Hospital Performance Evaluation Guide was unveiled at a press conference on January 31st.

The first iteration of the Hospital Guide features structural (descriptive) information and the frequency, risk-adjusted length-of-stay, and risk-adjusted readmissions rates for 36 high volume hospital procedures (diagnosis related groups or DRGs). Data for those facilities with less than 20 discharges per DRG in the reporting period are not presented.

Under the second iteration of the Hospital Performance Guide, DRG data were recently updated to feature admissions occurring between December 1, 2000 and November 30, 2001. Three DRGs that were included previously are not shown in the new version due to the small number of hospitals that had 20 or more discharges per DRG. Readmission rates for circulatory system diseases and disorders are featured. The formula used to calculate the readmission rates for all DRGs was modified to better define transfers to other hospitals and excludes "planned" readmissions. Discharge and admission information for hospitals in the District of Columbia (DC) was also utilized in the second iteration to track patients who were discharged from Maryland hospitals but were readmitted to DC hospitals.

Data collection for the two core measure sets (Congestive Heart Failure and Pneumonia) under the Joint Commission on the Accreditation of Healthcare Organization's (JCAHO) ORYX initiative has begun. Data has been gathered on a pilot, or test, basis for the first and second quarters of 2002. Each hospital's information for Quarter Two of 2002, along with the state average, is currently available to that particular hospital. The Delmarva Foundation, the Commission's contractor for this data collection effort, has been working with the hospitals and ORYX measurement instrument vendors to provide technical assistance for the logistics of transmitting the data and to assist the hospital personnel in understanding the specifications for collecting the data. Data gathered between July and December 2002 (Quarters 3 and 4) will be made publicly available in the third iteration of the Hospital Guide in Spring 2003.

A separate guide is being developed for the ambulatory surgical facilities (ASFs). It is anticipated that the ASF Consumer Guide will be made public in early 2003.

Recently, the Delmarva Foundation was awarded the 'lead state' to head a three-state hospital public reporting pilot project initiated by CMS. Delmarva will assist CMS with the following:

- Test the collection and reporting of the JCAHO/CMS performance measure sets
- Test the AHRQ sponsored standardized patient experience (satisfaction) survey
- Test additional performance measures as determined by the pilot states
- Determine the least burdensome ways for hospitals to meet upcoming public reporting requirements

- Determine how to integrate CMS mandated reporting with existing state level public reporting activities
- Determine how to best involve stakeholders in the development and execution of hospital public reporting activities

Delmarva has requested that the Hospital Report Card Steering Committee serve as the steering committee for the pilot. The Steering Committee will be the primary vehicle for obtaining input and consensus prior to initiating the state specific activities. The Steering Committee will also be tasked with providing feedback to CMS on the pilot and identifying barriers to successful implementation. The Steering Committee has agreed to serve in this capacity.

CMS has stated that they intend to expand the initiative to include hospitals nationwide in 2004 or 2005. The pilot projects will be funded through the Quality Improvement Organization (QIO) for the states chosen for the pilot.

HRSA Uninsured Project
DHMH, in collaboration with MHCC and the Johns Hopkins School of Public Health, was recently awarded a $1.2 million State Planning Grant by the Health Resources and Services Administration (HRSA). HRSA is the federal agency that oversees programs to ensure access to care and improve quality of care for vulnerable populations. The one-year federal grant provides Maryland with substantial resources to examine the state's uninsured population and employer-based insurance market and to develop new models to make comprehensive health insurance coverage fully accessible to all Maryland residents.

Among the several activities, the one year grant will enable DHMH and MHCC to conduct further analysis of existing quantitative data sources (Maryland Health Insurance Coverage Survey, MEPS-IC, and CPS), as well as collect additional data that will help us design more effective expansion options for specific target groups. In addition, we will be conducting focus groups with employers in order to better understand the characteristics of firms not currently participating in the state's small group market. For those firms currently participating in the CSHBP, issues will be probed relating to costs of coverage and knowledge of the base CSHBP. In an effort to increase the take-up rate in the small group market, marketing materials will be presented to the focus groups for review and modification. Shugoll Research has been selected as the vendor to conduct these focus groups.

A report to the Secretary of the Department of Health and Human Services is due at the end of the grant period (June 30, 2003).

Patient Safety
Chapter 318 (HB 1274) of 2001 requires the Commission, in consultation with DHMH, to study the feasibility of developing a system for reducing preventable adverse medical events. A Maryland Patient Safety Coalition was initiated by the Delmarva Foundation and, at this time, is serving as the Commission's sounding board for its activities related to patient safety. Three workgroups were formed: one to look at issues related to systems changes to be recommended; one to address current regulatory oversight and reporting requirements; and a third to discuss issues related to a proposed Patient Safety Center.

A preliminary report, approved by the Commission at the December 2001 meeting, was sent to the General Assembly. One of the preliminary recommendations has been enacted by the General Assembly and signed by the Governor. That bill removes the medical review committee

statute that applies to all health care practitioners from the BPQA statute, where it is currently codified, and places it in a separate subtitle within the Health Occupations Article to make practitioners more aware of the protections available to them. It also codifies case law to clarify that certain good faith communications designed to lead to remedial action are protected even when they are not made directly to a medical review committee or committee member, but are nevertheless designed to remedy a problem under the jurisdiction of a medical review committee. A final report will be presented to the Commission in December.

Commission staff, along with the University of Maryland Office of Research and Development, LogiQ (a non-profit research entity affiliated with the Maryland Hospital Association) and the Delmarva Foundation recently submitted a proposal for a federal grant that would fund the creation of a Patient Safety Center. The grant proposal was submitted October 1, 2002.

HMO Quality and Performance

Distribution of 2002 HMO Publications – began Sept. 23, 2002

Cumulative distribution - beginning with release of each publication	**9/23/02 –10/31/02**	
	Paper	**Electronic/ Web**
The 2002 Consumer Guide** to **Maryland HMOs & POS Plans **(25,000 printed)**	19,914	Interactive version Visitor sessions = 190
		pdf versions Visitor sessions = 1982
2002 Comprehensive Performance Report: Commercial HMOs & Their POS Plans in Maryland **(700 printed)**	506	Visitor sessions = 378
The 2002 Guide** to **Maryland HMOs & POS Plans for State Employee **(60,000 printed)**	None yet	Visitor sessions = 1078

2001 Policy Report – distribution continues until Jan. 2003

Policy Report on Maryland Commercial HMOs: The Quality of Managed Care **(1,500 printed)**	1,170	Visitor sessions = 1409

Distribution of Publications
The initial printing of 20,000 consumer guides has been depleted. A reprinting of 5,000 copies has been ordered. Delivery is anticipated by mid November.

During October, three larger employers (Constellation Energy, RTKL, and Verizon), several small businesses, three health plans, a community college, and several insurance brokers requested a total of 2,384 copies of the Guide for Consumers. Among the requests for Comprehensive Reports, one public library asked for twenty-five copies.

The HMO Quality & Performance Division continues its transition in how it reports electronic use of its publications. For several months distribution data have included "visits". Whereas in the past, when a visitor went to a location on the website, each graphic image or document on the page was recorded (as a "hit"), we want to count "downloads" which occur when posted

documents are converted to a readable, .pdf, format. This allows us to estimate the number of people who visit a publication, making our counts more analogous to counts of paper publications that are disseminated to individuals. The format in which our new web host reports these data still requires some fine-tuning. As stated in previous updates, numbers of visits will be significantly lower, though more meaningful, than numbers of hits reported in the past. The table above shows both hits and visitor sessions for .pdf versions of HMO documents, for the period September 2001 through September 2002. **Only visits are being reported for the 2002 series of publications.**

Evaluation Guide Bookmarks have been included in our fall distribution of consumer and comprehensive reports to libraries. As a result, the entire stock of 10,000 bookmarks is gone. Another 5,000 bookmarks, updated with the Commission's new address and publication titles were printed and received in October.

2002 Policy Report
MHCC staff continues to work with NCQA in creating the Policy Report. That document, the final report in the 2002 series of HMO/POS publications, will be released in January 2003.

Preparation for 2003 Performance Reporting
The annual kick-off meeting of health plan representatives has been scheduled for December 9th for the 2003 HEDIS reporting year. Staff from both Market Facts and HealthcareData.com will present information on 2003 changes to the audit and survey processes as well as timelines to help the plans prepare.

A monthly calendar of activities for which this Division is responsible was created to assist staff during 2003.

Audit of HEDIS Data
On September 18th, the Board of Public Works approved the two year option remaining in MHCC's contract with HDC for audit services in 2003 and 2004. HealthcareData.com, has completed all seven deliverables for the 2002 audit season. The company has provided us with an update on changes to HEDIS for 2003. It has also advised us that HDC staff will attend NCQA's Auditor's Update Training Conference in November.

Consumer Assessment of Health Plan Study (CAHPS) Survey of Plan Members
Health plans have been asked to create plan-specific survey questions for the 2003 CAHPS survey. MHCC staff is determining if any statewide questions could be revised to collect additional information about need for/use of after-hours care by plan members who have an urgent need for medical care but do not have a life-threatening emergency that requires a visit to a hospital emergency department.

Interactive Web-based Consumer Guide
Now in the final year of its contract with MHCC, Glows in the Dark, a web design firm, converted the consumer guide into an interactive report. The electronic document allows visitors to the MHCC website to create custom HMO/POS reports that include as many or as few plans as they like. Glows completed all work on time. On September 23rd, that company posted, and will host through September 2003, both the interactive version of the consumer guide and a .pdf version. Visitors to the Commission website can access the reports through an invisible link. If MHCC decides to produce an interactive version of the Consumer Guide in fall 2004, work designing the document will have to be put out for bid and a new contract will be needed.

Certificate of Need

During October, staff issued a total of fourteen determinations of coverage by Certificate of Need review. Staff issued four determinations related to the authorized licensed capacity of comprehensive care facilities: one of these permitted Union Memorial Hospital Transitional Care Unit to temporary delicense its 31 ECF beds. Another was for the relinquishment of 14 previously temporary delicensed beds at Ruxton Health and Rehab Center of Pikesville. The remaining two were for the relicensing of 9 temporary delicensed beds at FutureCare-Old Court and 5 temporary delicensed beds at Rivercrest Nursing Center.

Two determinations related to capital expenditures were issued. The first was issued to Dorchester General Hospital for the relocation of the pharmacy department within the hospital for a cost of $338.271. The second was issued to Southern Maryland Hospital Center for the expansion of the emergency department at a cost of $2,500.000.

One determination was issued to HomeCall, Inc., which will be closing offices located in Centerville, Queen Anne's County and Leonardtown, St. Mary's Co. Services to residents of Queen Anne's and St. Mary's counties will continue from their offices in adjacent counties. Staff determined that a Certificate of Need was not required because these offices are not regarded as Medicare subunits as defined in the State Health Plan.

Finally, staff issued 7 determinations related to office-based ambulatory surgical capacity. Two determinations were for the closure of offices. One was for the closure of the office of Baltimore County Outpatient Surgery Center located at 1205 York Road. The second determination was for the closure of the office of Carroll County Digestive Disease Center located at 208 Washington Heights Medical Center and the establishment of a new office at 216 Washington Heights Medical Center. Two authorized the establishment of new surgical facilities with 1 OR and 1 non-sterile procedure room to Maryland Plastic Surgery Associates in Anne Arundel County and Prince Frederick Ambulatory Surgery Center in Calvert County. The other two authorized the establishment of a center with non-sterile procedure rooms to Mitchell A. Barber, DPM, in Prince George's County and Crofton Ambulatory Surgical Center, LLC in Anne Arundel County. The final determination authorized the addition of 1 non-sterile procedure room to an existing 1 OR surgery center of HealthSouth Surgery Center of Easton in Talbot County.

Acute and Ambulatory Care Services

A draft of a revised State Health Plan chapter on acute inpatient services, COMAR 10.24.10, was released for informal public comment at the September 20, 2002 Commission meeting. This draft was posted on the Commission's website and mailed to all Maryland acute care hospitals and other interested persons. Written comments on this draft have been submitted and are being analyzed by staff.

Staff is continuing to work on a survey of hospital occupancy at various times of the day with the Maryland Hospital Association. Staff anticipates that this information will answer questions about occupancy at peak census times, and will contribute to revisions to the State Health Plan chapter on acute inpatient services.

On November 12, 2002, staff met with representatives of Dimensions Health System and with representatives of Edward W. McCready Memorial Hospital on November 18, 2002 to discuss issues related to the hospitals.

On October 18, 2002 staff met with the staff of the Health Services Cost Review Commission to discuss issues of mutual interest. On November 14, 2002, staff met with staff of the Office of Health Care Quality to discuss issues related to freestanding ambulatory surgery centers.

Long Term Care and Mental Health Services

Members of the Long Term Care staff, along with staff of the Data Systems and Analysis division, met with staff of the Office of Health Care Quality to discuss issues with reporting of Minimum Data Set (MDS) information from nursing homes. Under the auspices of the Horizon Foundation, staff of the Long Term Care division met with researchers at the University of Maryland to assist them in their research involving aging in place. Staff represented the Commission in reviewing drafts for the Aging in Place Workgroup at the Department of Aging and offered comments at the final meeting of this group. The final report of this group will be forwarded to Delegate Hammen, who requested that this group be formed.

Staff contacted hospice providers for data supplemental to the Hospice Network of Maryland Survey in order to assist in the development of the hospice need methodology. Staff contacted subacute care providers and Continuing Care Retirement Communities to obtain data necessary for the development of the 2001 Occupancy and Utilization Report.

Specialized Health Care Services

On Wednesday, November 6, 2002, the Maryland Health Care Commission released a proposed decision on four applications to establish an open-heart surgery program in the Washington Metropolitan area of Maryland. In September 2001, the Commission received applications to establish a new open-heart surgery program from four Maryland facilities: Holy Cross Hospital, Shady Grove Adventist Hospital, Southern Maryland Hospital Center, and Suburban Hospital. Dimensions Healthcare System and Washington Adventist Hospital filed as interested parties in this review. The proposed decision finds that the new open-heart surgery program should be located at Suburban Hospital in Montgomery County. Applicants and interested parties have an opportunity to file written exceptions to the proposed decision. The full Commission will consider the proposed decision and oral arguments at a public meeting scheduled for December 10, 2002.

The Inter-Hospital Transport Subcommittee of the Advisory Committee on Outcome Assessment in Cardiovascular Care held its third meeting on November 13th. The subcommittee received a report on the recent activities of the Advisory Committee. Cheryl Y. Bowen, M.S., M.A., R.N., Director of the State Office of Commercial Ambulance Licensing and Regulation within the Maryland Institute for Emergency Medical Services Systems, discussed the scope of practice for Maryland Paramedics. John Hamill, Division General Manager of Rural/Metro Corporation, brought the subcommittee up to date on the Primary Angioplasty Pilot Program of Team Critical Care. The subcommittee also discussed a draft Uniform Data Set for Cardiac Service Inter-Hospital Transports.

The Long Term Issues Subcommittee of the Advisory Committee on Outcome Assessment in Cardiovascular Care held its fourth meeting on November 20th. The subcommittee discussed an outline of its final report to the Steering Committee.

A list of upcoming meetings of the Advisory Committee on Outcome Assessment in Cardiovascular Care follows. The Cardiac Surgery Data Work Group of the Quality Measurement and Data Reporting Subcommittee will meet on November 26th. The Quality Measurement and Data Reporting Subcommittee will meet on December 11th. The Long Term Issues Subcommittee will meet on December 12th. The Steering Committee will meet on December 17th. All meetings will begin at 6:00 p.m. and will be held in the new offices of the Maryland Health Care Commission at 4160 Patterson Avenue. Directions are available at http://www.mhcc.state.md.us/mhccinfo/directions.htm.